

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS331AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2008
NAME OF PROVIDER OR SUPPLIER PARADISE HOME CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1737 GRIFFITH AVENUE LAS VEGAS, NV 89104		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The facility was licensed as a 6 bed Residential Facility for Groups, which provides care to elderly and disabled persons, persons with mental illness, Category I residents.</p> <p>The census at the time of the survey was 4 residents.</p> <p>Four (4) resident files and 3 employee files were reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 070 SS=D	<p>449.196(1)(f) Qualifications of Caregiver-8 hours training</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (f) Receive annually not less than 8 hours of training related to providing for the needs of the residents of a residential facility.</p>	Y 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 070	Continued From page 1 This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 8 hours of training related to providing for the needs of the residents were received annually by 1 of 3 employees. Findings include: Employee #1's (hire date 12/15/96) file did not contain documented evidence of eight hours of annual caregiver training. Last training was 7 hours in February 2007. Severity: 2 Scope: 1	Y 070		
Y1010 SS=E	449.2764(1) MI Training NAC 449.2764 1. A person who provides care for a resident of a residential facility for persons with mental illnesses shall, within 60 days after he becomes employed at the facility, attend not less than 8 hours of training concerning care for residents who are suffering from mental illnesses. This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure 3 of 3 caregivers received eight hours of training concerning the care of residents with mental illnesses. Findings include: Record review showed the facility had an	Y1010		

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Y1010	Continued From page 2 endorsement on its license to care for residents with mental illnesses. The personnel files for Employee #1, #2 and #3 failed to contain documented evidence of eight hours of training related to the care of persons with mental illnesses. Severity: 2 Scope: 2	Y1010			

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